

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 538538

1. Entity Name

COTTON CONSTRUCTION, INC.

Principal Place of Business

6410 5TH STREET, STOCK ISLAND  
BOX 2652  
KEY WEST FL 33045

Mailing Address

6410 5TH STREET, STOCK ISLAND  
BOX 2652  
KEY WEST FL 33045

2. Principal Place of Business

3. Mailing Address

PO Box 2652

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key West FL

Zip

Country

Zip

Country

33045

4. FEI Number

59-1762965

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNN, SHIRLEY ANN  
6410 - 5TH STREET, STOCK ISLAND  
KEY WEST FL 33040

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME COTTON, WILLIAM F., SR  
STREET ADDRESS 30 BAMBOO TERR.  
CITY-ST-ZIP KEY WEST FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME COTTON, LOIS G  
STREET ADDRESS 30 BAMBOO TERR.  
CITY-ST-ZIP KEY WEST FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME COTTON, WILLIAM F., JR  
STREET ADDRESS 1516 17TH TERRACE  
CITY-ST-ZIP KEY WEST FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME LYNN, ANN C (ASST)  
STREET ADDRESS 84 KEY HAVEN ROAD  
CITY-ST-ZIP KEY WEST FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME CATES, SUE C.  
STREET ADDRESS 4085 CONWAY PLACE CIRCLE  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Shirley Ann C. Lynn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Shirley Ann C. Lynn

4-20-01

Date

305 294 2044

Daytime Phone #

0491618

CR2E034 (10/00)

FILED  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90015 028 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE